

SCC eFile

2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

215507300

1.) CORPORATION NAME:

**BIO-MEDICAL APPLICATIONS OF VIRGINIA, INC.**

DUE DATE: **2/28/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1008152**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 920 WINTER ST

CITY/ST/ZIP: WALTHAM, MA 02451-1457

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM J VALLE		
TITLE:	PRESIDENT		
ADDRESS:	920 WINTER STREET		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MIGNON EARLY		
TITLE:	VICE PRESIDENT		
ADDRESS:	920 WINTER ST		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DEBORAH HARVEY		
TITLE:	VICE PRESIDENT		
ADDRESS:	920 WINTER ST		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ANTHONY HAYES		
TITLE:	VICE PRESIDENT		
ADDRESS:	920 WINTER ST		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ALLEN MILLS		
TITLE:	VICE PRESIDENT		
ADDRESS:	920 WINTER ST		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOSEPH RUMA		
TITLE:	VICE PRESIDENT		
ADDRESS:	15 BLUEBERRY HILL ROAD		
CITY/ST/ZIP/CO:	ANDOVER, MA 01810		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOLENE VARNEY VICE PRESIDENT 920 WINTER ST WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL COLANTONIO ASST TREASURER 283 WAVERLEY AVENUE WATERTOWN, MA 02472	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARIA T.C. GILLIS ASST TREASURER 920 WINTER ST WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRYAN MELLO ASST TREASURER 920 WINTER STRET WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD J KUERBITZ CHAIRMAN 920 WINTER STREET WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS KOTT SECRETARY 97 GLEN STREET SOUTH NATICK, MA 01760	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANGELO MOESSLANG CFO 920 WINTER ST WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOLIE SPRING ASST SECRETARY 920 WINTER ST WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JESSICA STEWART ASST SECRETARY 920 WINTER ST WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ PAUL COLANTONIO</u>	<u>PAUL COLANTONIO, ASST</u>	<u>2/25/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.